

DCPS WORK SCHEDULE CHANGE FORM

<u>WORK SCHEDULE CHANGE</u>															
SSN:		NAME													
EFF DATE:		AWS CODE:		START/END TIME:		0700-1530									
***** PAY PERIOD TOUR OF DUTY *****															
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 12.5%;">SUN</td> <td style="width: 12.5%;">MON</td> <td style="width: 12.5%;">TUE</td> <td style="width: 12.5%;">WED</td> <td style="width: 12.5%;">THU</td> <td style="width: 12.5%;">FRI</td> <td style="width: 12.5%;">SAT</td> <td style="width: 12.5%;">SUN PAY</td> </tr> </table>								SUN	MON	TUE	WED	THU	FRI	SAT	SUN PAY
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WEEK 1		8	8	8	8	8									
SHIFT															
NGT DIFF															
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WEEK 2		8	8	8	8	8									
SHIFT															
NGT DIFF															
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